WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH, JAMAICA

Health and Human Right

The right to health

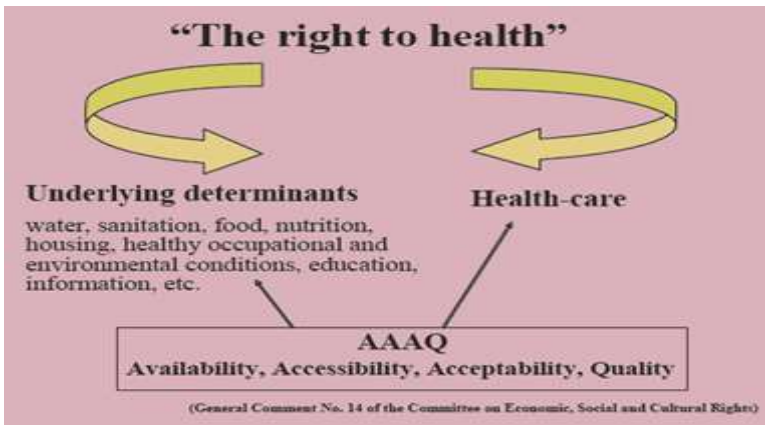
What is meant by the right to health?

The right to health is a claim to a set of institutional arrangements and environmental conditions that are needed for the realization of the highest attainable standard of health. The right to health does not mean the right to be healthy.

The right is an inclusive right, which extends in addition to timely and appropriate health care also to the underlying determinants of health, such as housing, food and nutrition, water, healthy occupational and environmental conditions and access to health-related information and education.

The General Comment on the right to health, adopted by the Committee on Economic, Social and Cultural Rights in 2000 sets out four criteria (often referred to as "AAAQ" criteria) by which to evaluate the right to health:

- **Availability:**meaning goods services, and programmes need to be available in sufficient quantity)
- **Accessibility**: meaning non-discrimination, physical accessibility, affordability and information accessibility
- **Acceptability**: ethical, gender-sensitive and culturally appropriate facilities, goods and services
- **Quality**: health facilities, goods and services of good quality e.g. trained health professionals, safe drugs etc.



Source: http://www.searo.who.int/entity/human_rights/topics/right_to_health/en/

EPI WEEK 49

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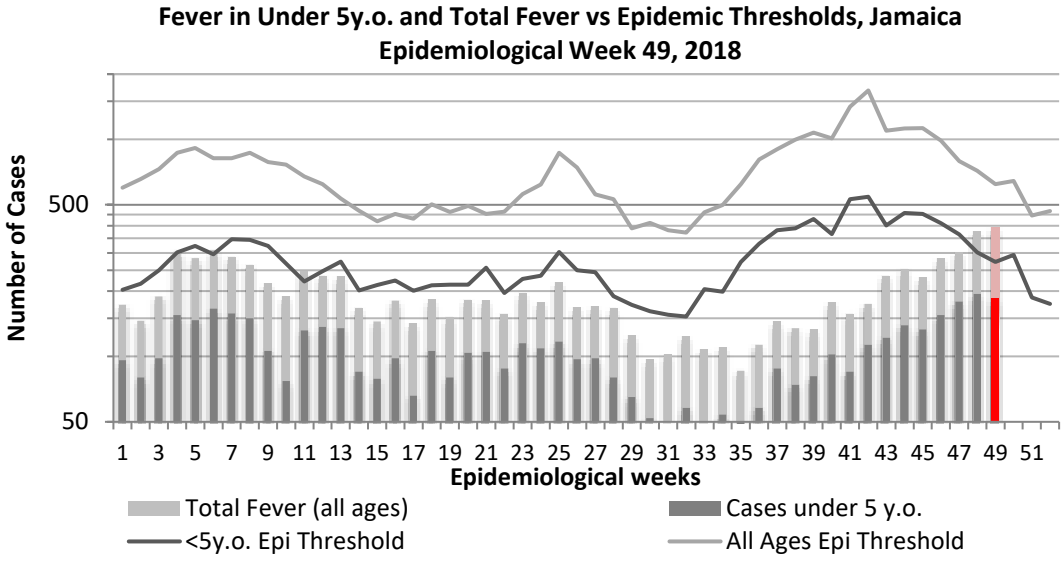
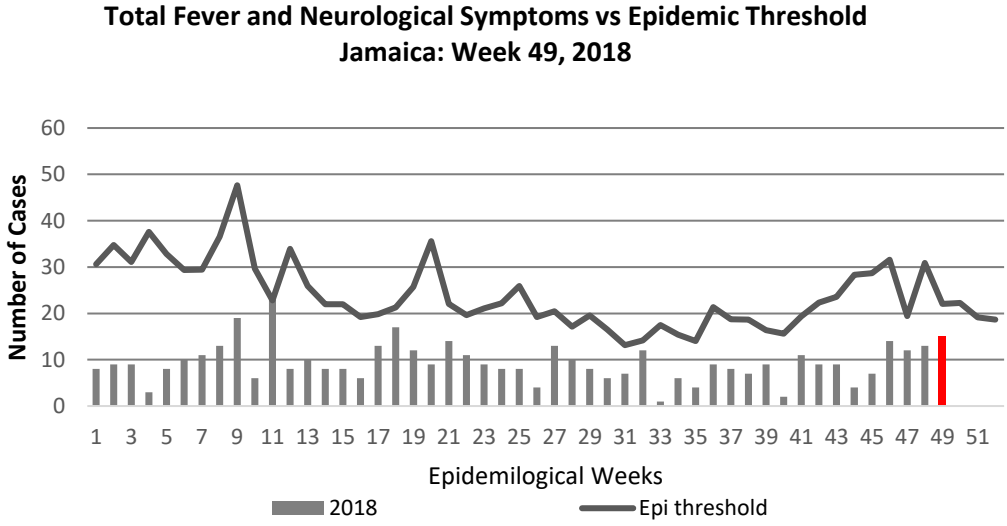
REPORTS FOR SYNDROMIC SURVEILLANCE

FEVER
Temperature of >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.

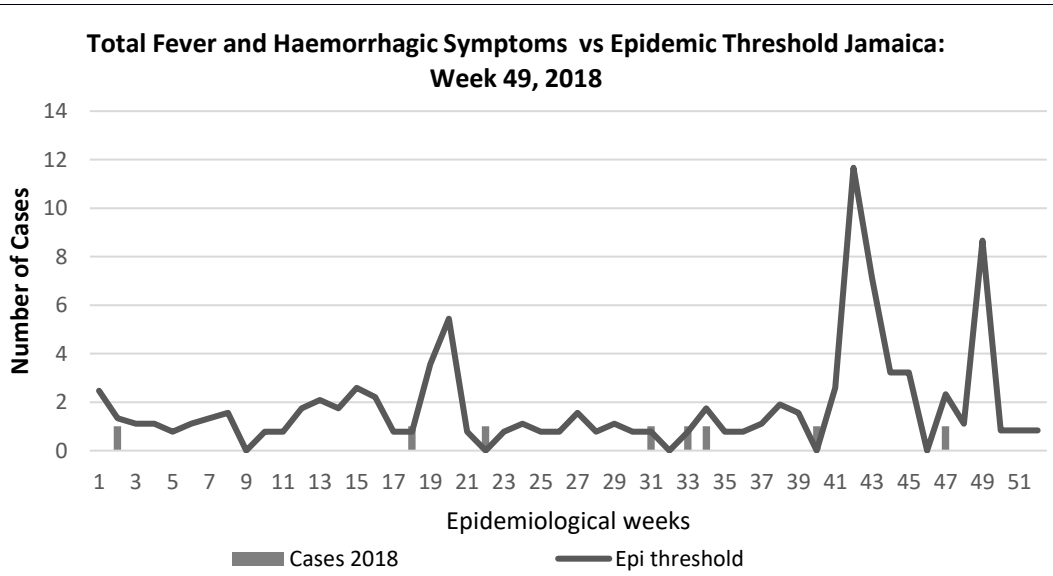
KEY
RED CURRENT WEEK



FEVER AND NEUROLOGICAL
Temperature of >38^{0}C /100.4^{0}F (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).



FEVER AND HAEMORRHAGIC
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



2 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 79 sites. Automatic reporting

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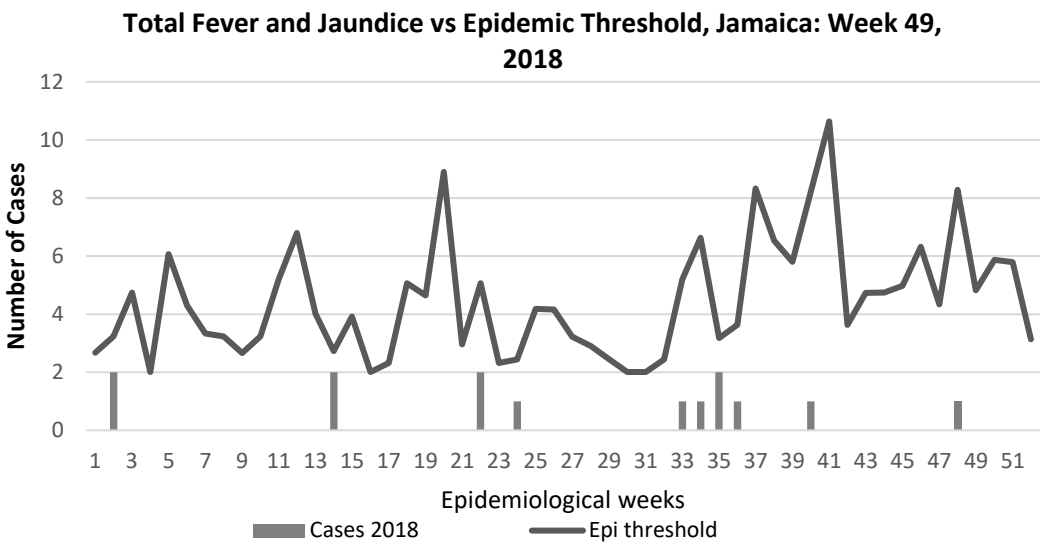
FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with jaundice.

The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.

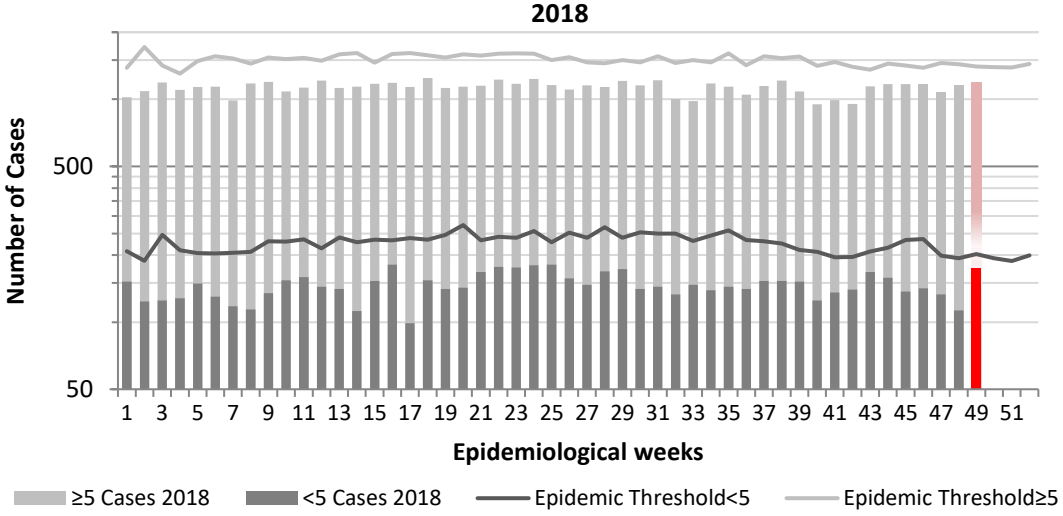


ACCIDENTS

Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.

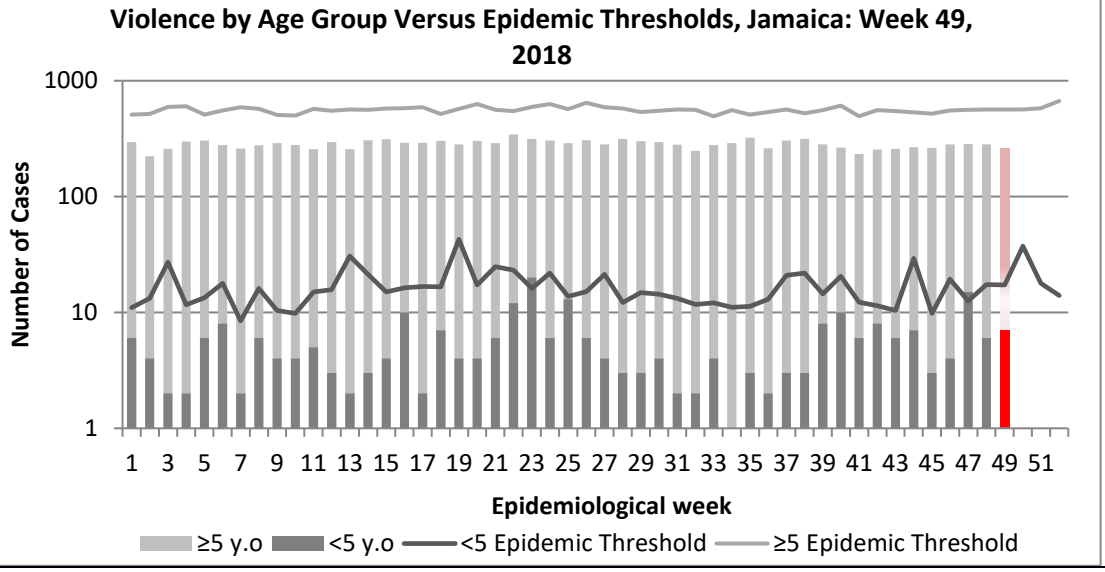
KEY

RED CURRENT WEEK



VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		CONFIRMED YTD CURRENT YEAR	CONFIRMED YTD PREVIOUS YEAR
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning[1]		(439) 135	(473) 196
	Cholera		0	0
	Dengue Hemorrhagic Fever[2]		3	3
	Hansen's Disease (Leprosy)		0	2
	Hepatitis B		47	54
	Hepatitis C		9	13
	HIV/AIDS		NA	NA
	Malaria (Imported)		6	7
	Meningitis (Clinically confirmed)		35	115
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDIT/ MORTALIY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		0	0
	Meningitis H/Flu		0	0
SPECIAL PROGRAMMES	AFP/Polio		0	0
	Congenital Rubella Syndrome		0	0
	Congenital Syphilis		0	0
	Fever and Rash	Measles	0	0
		Rubella	0	0
	Maternal Deaths[3]		57	49
	Ophthalmia Neonatorum		290	348
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		41	117
	Yellow Fever		0	0
	Chikungunya[4]		10	0
	Zika Virus[5]		1	0

Comments

AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 population under 15 years old (6 to 7) cases annually.

Pertussis-like syndrome and Tetanus are clinically confirmed classifications.

[1] **Numbers in brackets indicate combined suspected and confirmed Accidental Poisoning cases**

[2] **Dengue Hemorrhagic Fever data include Dengue related deaths;**

[3] **Figures include all deaths associated with pregnancy reported for the period.**

[4] **CHIKV IgM positive cases**

[5] **Zika IgM positive cases**

NA- Not Available

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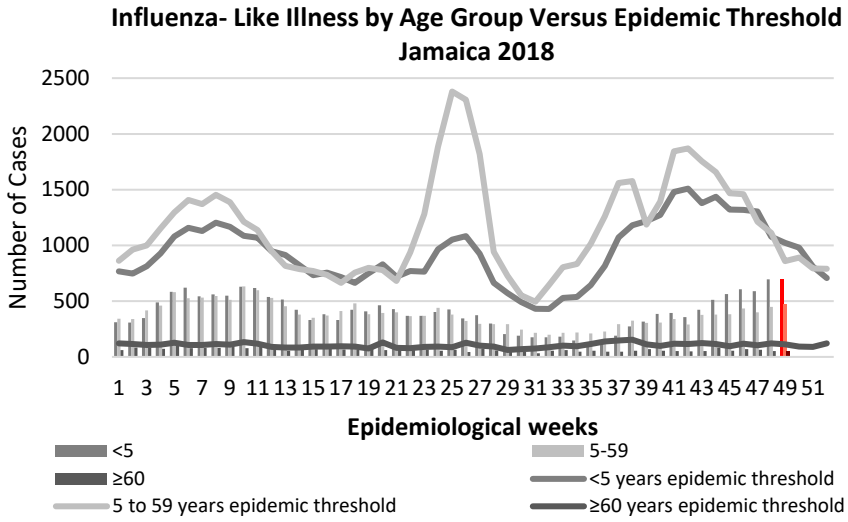
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

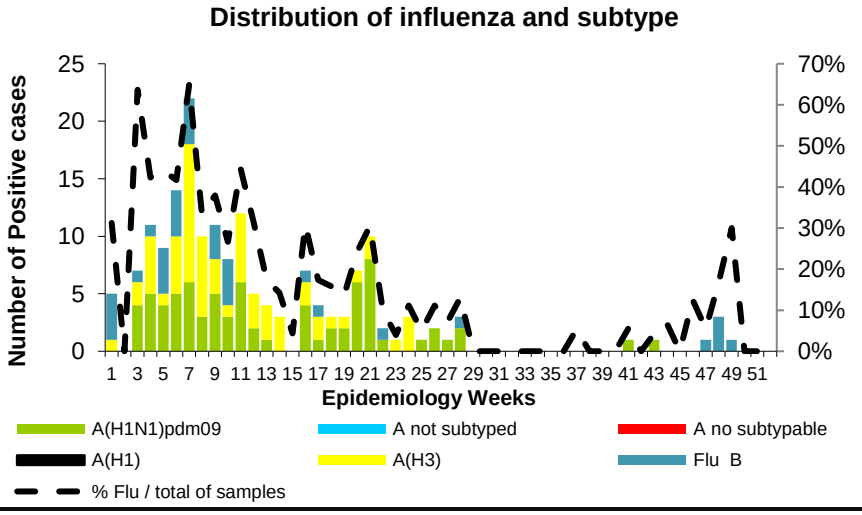
EW 49

December 2-8, 2018 Epidemiological Week 49

November 2018		
	EW 49	*YTD*
SARI cases	*16*	*353*
Total Influenza positive Samples	***1***	***175***
Influenza A	***0***	***141***
H3N2	*0*	*65*
H1N1pdm09	*0*	*76*
Not subtyped	*0*	*1*
Influenza B	***1***	***34***
Parainfluenza	*0*	*7*



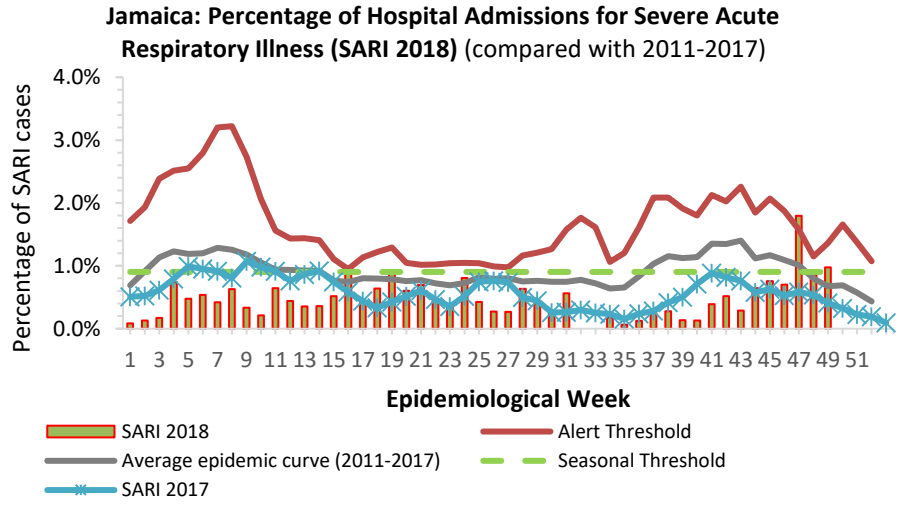
Comments:
During EW 49 SARI activity remained below the seasonal threshold, similar to the previous seasons for the same period. Decreased influenza activity was reported; with influenza A(H1N1)pdm09 predominating in previous weeks



GLOBAL AND REGIONAL UPDATES

Worldwide: Seasonal influenza subtype A accounted for the majority of influenza detections.

Caribbean: Influenza virus activity slightly increased, and low RSV activity was reported throughout most of the sub-region. In Jamaica, influenza activity decreased, with influenza A(H1N1)pdm09 and A(H3N2) co-circulating.



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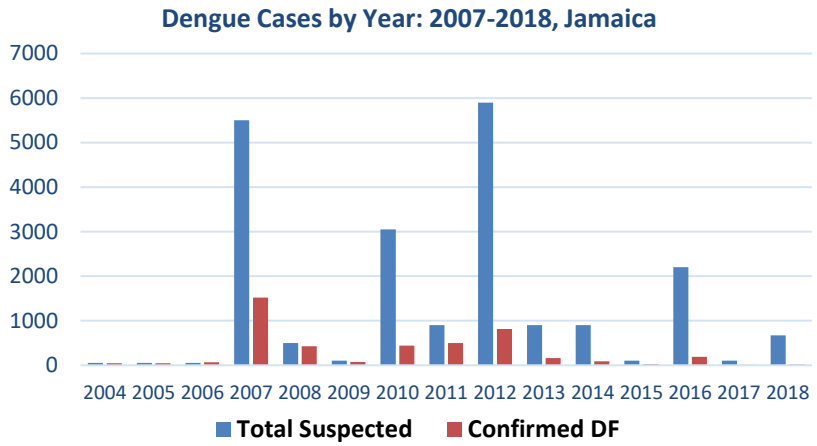
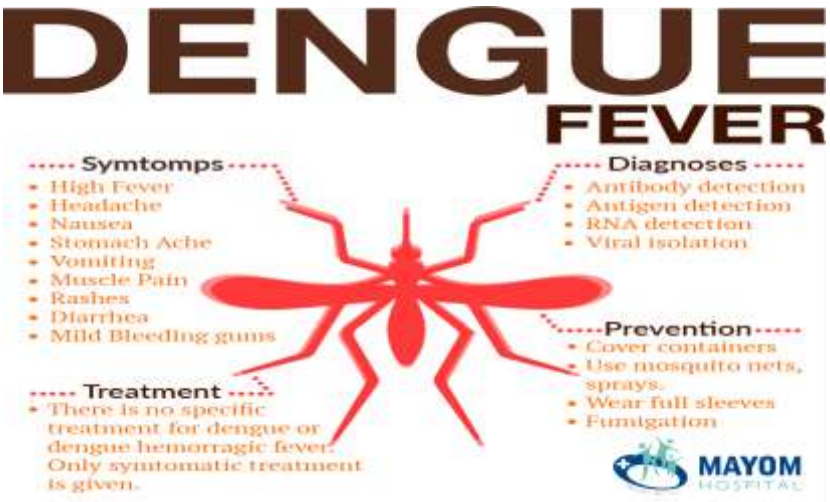
Dengue Bulletin

December 2-8, 2018 | Epidemiological Week 49



Reported suspected and Confirmed cases of DF, DHF and DSS weeks 1-49

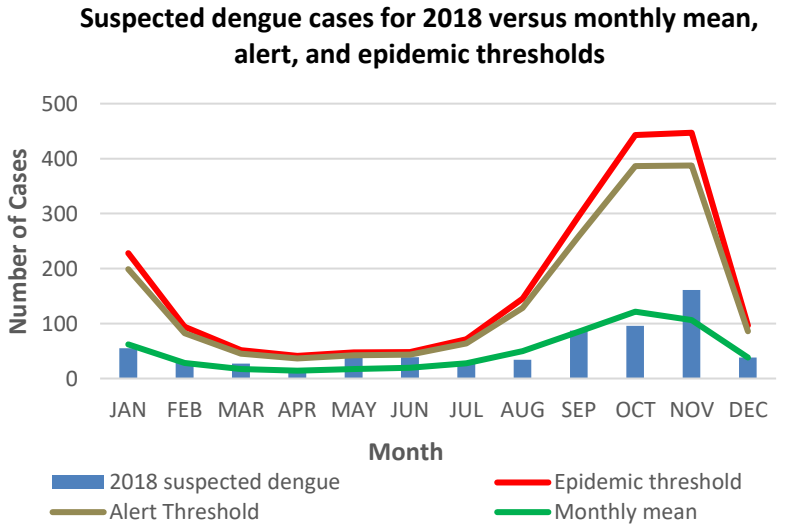
		2018		2017 YTD
		EW 49	YTD	
Total Suspected Dengue Cases		17	670	154
Lab Confirmed Dengue cases		2	16	6
CONFIRMED	*DHF/DSS	0	3	3
	Dengue Related Deaths	0	1	0



***DHF/DSS: Dengue Haemorrhagic Fever/ Dengue Shock Syndrome**

Points to note:

- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as presumed dengue.**



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Gastroenteritis Bulletin

December 2-8, 2018 | Epidemiological Week 49

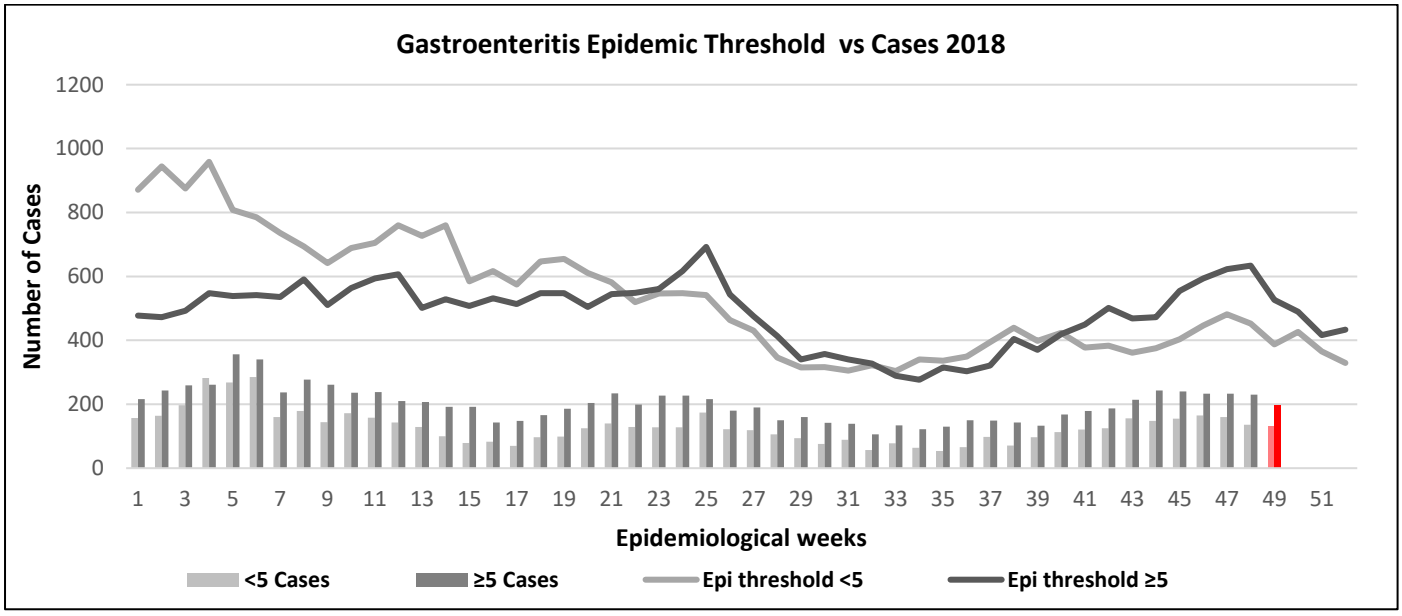
EW 49

Weekly Breakdown of Gastroenteritis cases

Year	EW 49			YTD		
	<5	≥5	Total	<5	≥5	Total
2018	131	198	329	6,455	9,908	16,363
2017	217	224	441	7,704	9,820	17,524

Gastroenteritis:
In epidemiological week 49, 2018, the total number of reported GE cases showed a 25% decrease compared to EW 49 of the previous year.
The year to date figures showed a 7% decrease in cases for the period.

Figure 1: Total Gastroenteritis Cases Reported 2017-2018



Total number of GE Cases Per Parish up to Week 49, 2018

Parishes	KSA	STT	POR	STM	STA	TRE	STJ	HAN	WES	STE	MAN	CLA	STC
<5	2139	160	109	439	665	365	368	236	271	222	606	473	402
≥5	1743	327	175	769	1265	642	842	365	530	393	1049	917	891

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RESEARCH PAPER

Knowledge, Attitudes, and Practices regarding screening for Cervical Cancer of Female Health Care Workers age 20-60 years employed to Manchester Health Services.

By: Thompson-Nelson K

Southern Regional Health Authority

Recent statistics highlighted that there is a problem of low compliance in cervical cancer screening among women of reproductive age in Manchester.

Objectives : To assess the knowledge, attitudes and practices of female health care workers regarding screening for cervical cancer, to assess level of compliance to the screening guidelines and to identify barriers to screening.

Methods: This study was a cross-sectional descriptive one, utilizing both quantitative and qualitative designs. Quantitative design was done using a researcher to administer the questionnaires. These study participants were selected using random sampling (N=150) and the staff lists were coded using numbers to ensure anonymity of subjects. The qualitative design included in-depth interviews of four participants who were not included in the quantitative phase of the study.

Results: There was a high awareness of cervical cancer and Pap smear among the group in that 99% and 100% respectively heard about cervical cancer and Pap smear. More than 50% scored, “poor to very poor.” regarding knowledge of risk factors for the disease. Of the sample 55% were in compliance with the cervical cancer screening guidelines and 91% displayed a positive attitude to screening while 89% had ever done a Pap smear. Fear, comfort and privacy were the most outstanding barriers to screening mentioned, and the majority of the smears were done at private facilities.

Conclusion : This study has revealed information that will help Coordinators at the National and Local level to devise strategies necessary to strengthen the existing screening programme, educate re risk factors of the disease as well as to empower health care workers to improve compliance to the screening guidelines and uptake of screening in the public health care facilities.